

MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET  
(FOR USE WITH FORM PTO-876)

SERIAL NO.  
101662640  
APPLICANT(S)

FILING DATE

9/29/05

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1		/				
2		/				
3		/				
4		/				
5		/				
6		/				
7		/				
8		/				
9		/				
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45						
46						
47						
48						
49						
50						
TOTAL IND.		1				
TOTAL DEP.		13				
TOTAL CLAIMS		14				

*	IND.	DEP.	*	IND.	DEP.	*
51			52			
53			54			
55			56			
57			58			
59			60			
61			62			
63			64			
65			66			
67			68			
69			70			
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81			82			
83			84			
85			86			
87			88			
89			90			
91			92			
93			94			
95			96			
97			98			
99			100			
TOTAL IND.						
TOTAL DEP.						
TOTAL CLAIMS						